DEPART	TMENT OF HEALTH	AND HUMAN SERVICES		E	FORM APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			MB NO. 0935-0391
STATEMENT IND PLAN (IN IN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUİLDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
10C*	<i>y</i>	445071	e, WING_		02/03/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CLAIBO	RNE COUNTY NURSII	NG HOME		1860 OLD KNOXVILLE ROAD TAZEWELL, TN 37879	
(X4) ID PREFIX	! {EACH D&FICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX		D BE COMPLETION
TAG	NEGOLATORY OR D	SC (DENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE DATE
F 000	INITIAL COMMENT	· ·	F 00	o	
	Divisor the executive	(2	i .	F 241	
	lovestigation of com	recertification survey and applaint #37349 conducted on	1		`
	2/1/16-2/3/16 at Cia	ibarne County Nursing Home,		What corrective action(s	s) will be
	no deficiencies wer	e cited in relation to the		accomplished for those i	esidents
	complaint under 42	CFR PART 483,		found to have been affect	ted by the
5 0.4	Requirements for Lo	ong Term Care Facilities.		deficient practice?	
F 241		AND RESPECT OF	F 24		
SS≂D	INDIVIDUALITY		,	CNA # 1, CNA # 2, and I	.PN # 1
j	The facility must no	omole care for residents in a	· 	identified in the deficient	practice .
	manner and in an e	Ovironment that maintains or	•	involving resident # 26 we	ere :
ļ	enhances each rest	dent's dignity and respect to .		educated on the important	e of
j	full recognillon of his	s or her individuality.		compliance with facility p	olicies
	•			and procedures relative to	resident
	This REQUIREMEN	T is not met as evidenced.	٠.	rights stressing the right of	r privacy.
ĺ	by:	1 19 Hot mar as evidenced		Specific education was pro the need for staff to knock	ovided on
i	Based on facility po	licy review, medical record		resident's doors prior to en	on A
1	review, observation,	and interview, the facility		and not to have discussion	itering
1	falled to respect rest	dent privacy for 1 resident		regarding other residents,	S
!	(#26) of 32 residents	reviewed,		anything else not relative to	o the
	The findings but do	4.		resident care being provide	o uie
- 1	The findings include	a:		room.	o tu tild
	Review of facility pot	lcy Resident's Rights Under			1 *
- 1	Federal Law, revised	1 1/14, revealed "has the		The Director of Nursing w	as l
ł	right to personal priv	acy and confidentiality of his .		responsible for this educati	on which
1	or her personal and	clinical records"		was completed with the inv	olved
ļ	Davidaat #80	Landing to the		staff on February 3, 2016.	i
	130510011 #26 Was ac	imilted to the facility on		,	'
]	Psychosis Upenanii)	ses including Unspecified ed Dementia wilhout		How you will identify other	er l
l l	Behavioral Disturban	ce, Major Depressive		residents having the poter	itial to
1	Disorder, Generalize	d Anxiety Disorder		be affected by the same de	ficient
1 1	Peripheral Vascular (Olsease, Pain Unspecified.		practice and what correct	ive
J:	and Adult Fallure to T	Thrive.	•	action will be taken?	· [.]
-		•	•		
ORATORYA	ORECTOR'S OR PROVINCE	RISUPFLIER REPRESENTATIVE'S SIGNA	Time	<u> </u>	
	110-		NUKE .	TIME	(X6) DATE
dillolono	IIIIII C	ayy.	·	LNHA-	3-4-16
r osnojancy ar safeguard	siaiemeni ending with an Browde sufficient prote	2 Merisk (*) denotes a deficiency which	h the Institut	on may be excused from correcting providing i	Us determined that

The safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 80 days allowing the date of survey whether or not a plan of correction is provided. For nursing homes, the findings stated above are disclosable 80 days also following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

DRM CMS-2567(02-90) Provious Versions Obsolete

Event ID:788811

Facility ID: TN 1301

	OMENT OF HEALTH	AND HUMAN SERVICES		ī	FINTED	: 02/17/2018
<u>CENT</u>	RS FOR MEDICARE	& MEDICAID SERVICES			MROF AMBRANI	APPROVED . 0938-0391
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DAT	E SURVEY
		445071	B. WING		02/	03/2016
NAME OF	PROVIDER OR SUPPLIER		' 	STREET ADDRESS, CITY, STATE, ZIP CODE	1 020	03/2016
CLAIBO	RNE COUNTY NURSI	NG HOME		1950 OLD KNOXVILLE ROAO TAZEWELL, TN 37879		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	i (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		BE :	(X5) COMPLETION DATE
F 241	Continued From pa	ne 1				
•		ew of a Quarterly Minimum	F 2	41)		i
	Data Set (MDS) dat	ed 11/23/15 révealed		100% of our residents could		
	Resident #26 was s	everaly cognitively impaired.	1 .	potentially affected by this	10e	
	I		ĺ	practice. 1. Reviewed com	lencient	
	Observation of Resi	dent #26 on 2/3/16 at 10:46	ļ	log for previous 24 months	higun	
	Practical Nurse () Pl	s room, revealed Licensed N) #1 and Certified Nursing		identify any previous privac	w icenad	, 1
	Assistant (CNA) #1	completing a dressing	ļ	None identified. 2. Randor	y issues. n andite	·
	change for a pressu	re ulcer. Continued	l .	for two weeks 2/8/16-2/22/1	6 to	
	observation revealer	d CNA #2 pushed open the	İ	identify privacy issues. A n	uinimum	
	į resident's door witho	oul knocking and began		of 10 audits completed daily	by	` <u>'</u>
	i talking in a loud voic	e."[CNA#1] are you in Inued to walk forward to the		assigned staff.	٠, ١	[
	end of the resident's	bed and spoke with CNA#1	·			
	I adout another reside	In while the treatment was in I		Corrective Action: 100% of	the	
	process for Residen	(#26.		Nursing Home Staff (clinical	l and	·
	1-1	i		non-clinical) will be educate	don i	Ī
	Interview with CNA #	2 on 2/3/16 at 11:03 AM in		resident rights and the impor	tance of	:
	didn't wait for a reen	oor) hallway, confirmed " onse. I just walked in while		compliance with facility pol	cies	ſ
	the treatment was go	onse. I just waiked in while		and procedures with the righ	t to	1
•	discussing another r	esident in the presence of		privacy stressed. Examples t	o be	
	Resident #26 while a	trealment was taking place.		stressed will include that kno on a residents' door prior to	cking	- 1
		_		a must and the that no inform	ontry is	j
	The Man the Administra	ministrator on 2/3/16 at 1:30		other than that which has a d	izent	. [
	"expect the staff to	etor's office, confirmed knock on the resident's door		impact on the care of the resi	dent in	.]
	and wait for a respon	ise to enter"		the room will be discussed in	the	
F 441	483.65 INFECTION	CONTROL, PREVENT	F 44 ⁻	l		İ
SS≃D	SPREAD, LINENS		1 47	resident and staff member ha	5.6	i
j	over p 1875	<u>,</u>	•	right to privacy and confiden	liality	
ļ	Ine tacility must esta	iblish and maintain an		Attendance to education is	·	
Ì	milection Control Proj	gram designed to provide a	• '	mandatory and will be verifie	d by	}
i	ि help prevent the क	mfortable environment and evelopment and transmission		participants signature on the	'sign-	
į	of disease and infecti	on.		in-sheet."	~ · ·	
;		,	•			
. [(a) Infection Control F	Program				.
		• 1			1	1

uudultyjął udotaustr	CHEALTH	AND MUMAN SERVICES				PRINTED	: 02/47/2648
<u> </u>	ERS FOR MEDICARE	& MEDICAID SERVICES				MROT OMBRIO	APPROVED . 0938-0391
IO PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(K3) DAT	E SURVEY APLETED
		445071	B. WING	3 <u> </u>	·	1 621	02/2040
AME OF	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	03/2018
≎LAIB0 	DRME COUNTY NURSI	NG HOME	•	18	860 OLD KNO)(VILLE ROAD AZEVVELL, TN 37879		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1 10	٠	PROVIDER'S PLAN OF CORRECT	10M	1
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II O AE	(X5) COMPLETION DATE
F 241	Continued From pa	gs 1	_,	241	The Administrator and	Director	of
		ew of a Quarterly Minimum	. ' '	2411	Nursing is responsible	for this	
	Data Set (MDS) dat	ed 11/23/15 révealed		1	training, Completion d	ate for	
	Resident #26 was s	everely cognitively impaired.		.]	training is 2/26/2016.	Staff mem	bers ·
	1			. [that may be on FMLA	during th	s.
	AM in the tooldeast	Ident #26 on 2/3/16 at 10:46	ľ	ļ	education will be sche	duled for	
	Practical Nurse (LP)	s room, revealed Licensed N)#1 and Certified Nursing	1.	ď	education prior to their	return to	. "
	Assistant (CNA) #1	completing a dressing]	- 1	work.		
	change for a pressu	re ulcer. Continued					
	observation revealer	d CNA#2 bushed open the		·	What		` `
	i resident's door with:	OUI knocking and begon		.	What measures will b	e put inte	2
	here?" CNA 42 cont	is "[CNA#1] are you in		- 1	place or what systems	itic chang	<u>(es</u>
	end of the resident's	inued to walk forward to the bed and spoke with CNA#1		- 1	you will make to ensu	re that th	<u>é.</u>
	l acont aucilet téside	o a sew toemtsent adt alidW Ju			deficient practice does	not recu	<u>r?</u>
	process for Residen	1#26.] .		Random andits will be		
	haran ta sarakan i		ļ. ·	ı	the Charge Nurse, Dire	ctor of	b by
	Interview with CNA A	2 on 2/3/16 at 11:03 AM in			Nursing and Administra	ator to end	
	didn'i wait for a reco	oor) hallway, confirmed "! onse. I just walked in while		ſ	compliance on a daily b	acie At l	100t
	the treatment was go	Dise. I just Walked in While		- {	10 (ten) Resident Right	s audits v	ill i
•	discussing another re	esident in the presence of		ı	be conducted daily per :	shift. Thek	e i
	Resident #26 while a	lrealment was taking place.			audits will include knoc	kine bef	re
		ŀ	,	.	entering resident rooms	and care	
i	Interview with the Ad	ministrator on 2/3/16 at 1:30		.	related conversations or	curing t	
	Fivi, in the Administra	alor's office, confirmed		- ' .	the presence of anyone	other than	
	and wait for a respon	knock on the resident's door			the resident the discussi	on is	. }
F 441	483 65 INFECTION	CONTROL PREVENT	E.a.	الت	concerning.	· .	
\$\$=D	SPREAD, LINENS	OCIVINOL, FILEVEIN	F 44	7 7	m		
	,			''∫.	The Administrator and I	Director b	f
ļ	The facility must esta	iblish and malritain an			Nursing are responsible	for makin	ug
İ	intection Control Proj	gram designed to provide a	. •		sure the audits are comp Audits start 2/29/2016.	ieted.	
į	sale, sankary and co.	mforlable environment and			Zandita Start 2/29/2010.	:	į.
	of disease and infecti	evelopment and transmission		: [.		·:	
ŀ			•			1.	J
. /	(a) Infection Control F	Program				· · ·	
	<u> </u>				•		· , ·
	27/00 0010. 1			-			

		AND MUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	JLTIPLE CONSTRUCTION DING	(X3) DAT	. 0938-0391 E SURVEY PLETED
	·	448071	B. WING	9	021	03/2016
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		<u> </u>
CLAIBOR	RNE COUNTY NURSI			1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	TX (EACH CORRECTIVE ACTION SHO	IN D AF	COMPLETION OATE
F 241	Medical record revi Data Set (MDS) dal Resident #26 was s	ew of a Quarterly Minimum led 11/23/15 révealed everely cognitively impaired.	F2	How the corrective act	on(s) will	
	AM, in the resident's Practical Nurse (LP Assistant (CNA) #1 change for a pressuration reveale resident's door with talking in a loud voice?" CNA #2 contend of the resident's about another resident another resident another resident another the 100 Hall (First Fiddn't wait for a respile treatment was golscussing another residents.	d CNA #2 pushed open the put knocking and began to "[CNA #1] are you in indeed to walk forward to the ped and spoke with CNA #1] and while the treatment was in		deficient practice will no i.e., what quality assurate program will be put into audits will be submitted administrator for aggreged data will then be communithe Medical Director, Director, Director, Senior Organizate Leadership monthly and Quality Management Conceach scheduled meeting, process will continue unture sustained achievement of three (3) consecutive more	of recur; nuce o place? he random to the ation. This nicated to rector of ation to the nmittee at This il we have	
F 4/11	PM, in the Administr 'expect the staff to and walt for a respor	Iministrator on 2/3/16 at 1:30 ator's office, confirmed to knock on the resident's door use to enter" CONTROL, PREVENT	F 4	The Administrator is resp compliance. Completion of 2/29/2016 for initiation of process.	date is	3-18-14
	nfection Control Pro safe, sanitary and co					

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES		•	RINTED: 02/17/2016 FORM APPROVED
HTATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	WB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
	;	<u>44</u> 5071	B. WING	·	
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP CODE	02/03/2016
CLAIBO	RNE COUNTY NURSK	NG HOME		1850 OLD KNO)(VILLE ROAD TAZEWELL, TN 37879	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE COMPLETION
F 441	The facility must es Program under whit (1) Investigates, cor in the facility; (2) Decides what pr should be applied to (3) Maintains a reco actions related to in (b) Preventing Sprei (1) When the Infection determines that a re prevent the spread of Isolate the resident. (2) The facility must communicable disection direct contact will tra (3) The facility must hands after each dir hand washing is indi professional practice (c) Linens Personnel must han transport linens so a infection. This REQUIREMEN by: Based on facility pol Journal of Wound, O Nursing, medical rec interview, the facility	tablish an Infection Control ch It - introls, and prevents infections occedures, such as Isolation, o an individual resident; and ord of incidents and corrective fections. ad of infection on Control Program isident needs Isolation to of Infection, the facility must prohibit employees with a rese or infected skin lesions with residents or their food, if ansmit the disease, require staff to wash their ect resident contact for which icated by accepted occupied	f 4	DEFICIENCY)	and e ducated npliance control ly cies and is placed ance of ination also on ffected to rest or a. in served
	control standards we pressure ulcer dress	re maintained during a ing change for 1 resident eviewed for pressure ulcers			

		AND RUMAN SERVICES			·		: DEVITEDAD APPROVED	
		& MEDICAID SERVICES			Ć	MACINA ON AM	, <u>0</u> 93 <u>8</u> -0391	
TATEMEN ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCT DING	ION .	(X3) DAT	E SURVEY MPLETED	<u>_</u>
		445071	B. WING	i	·	020	03/2016	1
:VAME OF	I-ROVIDER OR SUPPLIER			STREET ADDRES	98, CITY, STATE, ZIP CODE	1 , 021	03/20/15	4
CL MBA	BNC OATHS WALLSAN			1850 OLD KNO		•		١
	RNE COUNTY NURSI	MG MOIME		TAZEWÉLL, T		-	<i>,</i>	1
(X4) ID	SUMMARYSTA	TEMENT OF DEPICIENCIES	ID.	PRO	VIDER'S PLAN OF CORRECTIO		(X5)	┨
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG	X (EACH	CORRECTIVE ACTION SHOULE REFERENCED TO THE APPROP DEFICIENCY)	DBE .	COMPLETION	
F 441	Continued From pa			sic sic	gns/symptoms of wou			1
,	TTIME DE LIGHT PO] F4		fection.	щ	! .	
	of 32 sampled resid	ienis.	1		ecaon,			ì
	The findings Include	ade :	·.	70,	704		· .	Ī
	1 119 montga moldat			1.0	e Director of Nursing	; was	1	l
	Review of facility po	licy Nursing Home Skin Care	·	res	sponsible and the educ	cation ·		Į
	Policy, undated, rev	ealed "lo use clean	l .	wa	is completed on 2/3/2	016		ŀ
	i technique in perforn	ning dressing		1	,	 ,		Ĺ
	changesUniversal	precautions are utilized"	[:	He	w you will identify a	n# i n]	ŀ
				res	sidente having the	Amer		İ
	Review of Journal o	f Wound, Ostomy and		1 200	sidents having the po	<u>rential</u>		l
	Continence Nursing	(March/April 2012), Clean vs.		10	be affected by the sa	<u>me</u>		ı
	(versus) Sterile Dre	ssing Techniques for		<u>aei</u>	ficient practice and v	<u>wh</u> at		l
	wanagement of Chi	onlc Wounds: A Fact Sheet		<u>co</u> ı	rrective action will b	e taker	9	
	revealed "clean le	chniqueinvolves strategies						ı
	microorganismsin	to reduce the number of		100	% of our residents co	mid i		1
	handwashing maini	aining a clean environment	•	pot	entially be affected by	v ship	!	l
	by preparing a clear	I field using about		def	icient practice since t	y uns	· · · · · · · · · · · · · · · · · · ·	ł
	glovespreventing	direct contamination of		· nos	sibility of cross	116		1
	materials and suppli	es"		pos	Profittly Of GLOS2	.		ĺ
	•		• .:	Con	tamination is present	for		
	Resident #26 was a	dmilled to the facility on		eve .	ry contact, Random a	udit on		ĺ
	4/20/15, with diagno	ses including Unspecified	•	all all	wound care recepients	s. 100∳	6	1
	' Psychosis, Contracti	ure Left Knee, Acquired 1	- 1	' wor	und care observed for	anv	·	
	Absence of Unspeci	fied Leg above Knee,		· "bro	eaks" in clean technic	me		
•	immersion Foot, Ver	nous Insufficiency (Chronic)			m 2/8-2/22/16		·	1
	(Peripheral), Unspec	ified Dementia without	٠. ٠			-	· }	1
	Diphotio No-wangstar	ice, Diabetes Mellilus with		Con	waatira A.H. 1000		`	i
i	Disease.	, and Peripheral Vascular		13	rective Action: 100%	o of the	·	1
1	Discase.		•	псе	nsed nursing staff wil	.lbe -{		
j	Medical record review	w of the Quarterly Minimum		edu	cated on the facility v	vound [,
j	Data Set dated 2/2/1	6 revealed Resident #26 "1		· care	policy with emphasi	s placed	ı l	٠.
	unstageable - dean t	Issue: suspected deep tissue	: .	on p	proper gloving, remov	ine and	<u>r</u> s. [
ľ	injury in evalution"			char	nging of gloves, hand			;
l	-		• :	was	hing, disposal of]		•
	Medical record review	w of a physician telephone		Cont	tanunated supplies an	, I		
	order dated 12/15/15	revealed "pack		1	amaroa anhhites su	u]:	: 1	•
	woundDakins Solu	tion [a dilute solution						•

JEPAR.	TMERT OF HEALTH	I AND HUMAN SERVICES					02/17/2016	
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					AFFROVED	
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M ^U A. BUILO		CONSTRUCTION	(0(3) DAT	. 0938-0391 E.SURVEY PLETED	
		445071	B, WING	;			77 March	
VAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 02/	03/2016	
~1 (IDA)					50 OLD KNOXVILLE ROAD			
CLAIBUI	RNÉ COUNTY NURSII 	NG HOME			ZEWELL, TN 37879	•		
(X4) ID	SUMMARYSTA	TEMENT OF DEFICIENCIES	I ID	└─ ┬	PROVIDER'S PLAN OF CORRECT	70.0	r	
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L:	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE ·	(X5) COMPLETION DATE	
F 441	Continued From pa	пе 4	ĺ ·		avoidance of cross			
				14 1	contamination.			
i	Lited at an actional	hypochlorite and boric acid,		.]	contamination.	•	·]	
	i doeu as an annsept	ic in the treatment of wounds) ry. Cover /c [with] dry gauze					į	
	wran /c Kerliy/Confe	orm. Secure /c tapechange		`	The Director of Nursin	ig with th	le l	
	BID (Iwice a day)"	onth occure to tapechange	•	;	assistance of the Infec	tion	,	
		·		- 1-	Prevention Nurse are r	esponsib	re ·	
.]	Medical record review	ew of Nurse's Treatment	<i>;</i> ,	-	for this education. Cor	nnletion		
	Notes dated 1/29/16	o revealed "DTI Ideen flague		- 1	date for education is 2	/26/2014		
	i injury) to left heel m	easures 6.5 cm (centimeters)				20/20 10.		
i	∟ [Length] x 6.0 cm	W [Width] x 0 cm d	٠		XX/hat massing on a			
	[Debin]75% black	soft eschar [a scab or dry			What measures will !	e put in	<u>:0</u> . [
	crust that results fro	m Irauma, such as a thermal		· [·	place or what system:	<u>atic</u>		
	disease) to 05%	fection, or excortating skin			changes you will mak	e to	•	•
•	noted moderate ser	t yellow slough[no] odor		ĺ	ensure that the defici-	ent		٠
ľ	Horoc Hoods ate Sel	ous discharge			practice does not recu			
	Observation on 2/3/	16 at 10:46 AM, in the		-1		'- -		
	resident's room, rev	ealed the Wound Care Nurse			25% of dressing chang	00 888111 2		
!	obtained gauze, pag	ks of 4x4's, Dakins Solution		- [,	andited by divact above	cs will be	, ,	
1	poured on to a 4x4.	a drape, and lape, and			audited by direct obser	vation by	·	
	walked into the resid	ient room and placed the			the Infection Prevention	n Nurse		
ĺ	items on the bedside	e table. Continued		.	and/or Charge Nurse or	ı a weeki	y . [
1	Observation at 10:49	AM, revealed the Wound	:, .	- 1	basis to ensure complia	nce with		
1	drassing as the stand	the old removed wet to dry		1.	facility infection contro	l and		
	dressing on the clea	n work field, then picked the			wound care policies and			
	the end of Resident	w it away in a garbage bag at			procedures. Specific at	tention		
	Observation revealer	I the Wound Care Nurse			will be made to appropr	iate hand	i	
	lurned to the bedslde	e table, opened two clean 4x4	•		washing, gloving,		`	
	packages, and pulled	d one 4x4 out with the dirty	•	.	removing/reapplying of			
ſ	gloves used to remo	ve the old dressing.	•	·	maintenance of clean su	PIOACS*	ŀ	
1	Continued observation	on revealed the Wound Care		-	and more fields	iphues	, 1	
1	Nurse sprayed Rosk	ient #26's left foot with saline	٠.		and work field(s), and d	nzbosat þ	I	
1	which ran onlo a dra	pe under the fool. Certified	· .	,]	contaminated supplies.	·}		
	Nursing Assistant (C	NA) #1 dropped Resident		.}		[· · · · : [
	#20'8 100t into the co	nlaminated saline water on		1	The Charge Nurse and 1	nfection	.	
	ale orape Under Rés Observation remais à	ident #26's foot. Further			Prevention Nurse are re	sponsible	· •	
[]	Opened additional at-	the Wound Care Nurse ean 4x4 packages, pat dried		Ī			· . · 1	
[]	shaned additional (16	an 4X4 packages, pat dried		- 1	•		1	

ENLE	RS FOR MEDICAR	HAND HUMAN SERVICES LE & MEDICAID SERVICES			FRINTED: 02/17/201 FORM APPROVEI <u>O</u> MB NO. 0938-039
ATEMENT D PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445071	B. WING	· · · · · · · · · · · · · · · · · · ·	05/03/0040
AME OF F	PROVIDER OR SUPPLIEF		ŝ	TREET ADDRESS, CITY, STATE, ZIP CODE	02/03/2016
LAIBOR	RNE COUNTY NURS	ING HOME	11	850 OLD KNOXVILLE ROAD AZEWELL, TN 37879	
(X4) 10	SUMMARY ST	TATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTI	
REFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRE COMPLETION
F 441	Continued From p	age 5	[for the completion of the	nis
		ol, look the gloves off, and	. F 441	correction item. Date	of .
	walked to the treat	ment cart outside Resident	.	completion will be 2/2	
	#26's room, withou	at washing the hands, to collect			"2010.
]	more clean 4x4's,	Continued observation		How the corrective ac	tion(e)
	revealed the Wour	nd Care Nurse placed the clean		will be monitored to e	11011(2)
ŀ	4X4'S On the bedsk	de lable work field, placed new	. [deficient practice will	nsure the
	Solieszad out avve	thout washing the hands, ess Dakins Solution from a 4x4,		recovering practice will	not
i	placed it on the res	sident's left heel, and began		recur; i.e., what quali	
- [wrapping Resident	#26's foot with Kerlix, Further	,	assurance program w	<u>III be put</u>
	observation reveals	ed, while wranning Resident		into place?	
	#26's tool, the Wor	und Care Nurse dropped the	. [
	Keriix into the cont	aminated saline water on the !	•	The data collected from	the;
	Mariy up, captana.	ent #26's foot, picked the	٠	random audits will be s	ubmitted "
1	the contaminated R	d wrapping resident's foot with Kerlix, and secured it with tape.		to the Director of Nursi	ng for
ĺ	and dormain mateur	centa, and secured it with tape.		aggregation. This data	will then
	Interview with the V	Nound Care Nurse on 2/3/16		be communicated to the	Medical
i i	at 10:57 AM, in the	hallway outside Resident	· .	Director, Administrator	Senior
1	#26's room, confirm	ned she falled to ensure		Organization Leadershi	n monthly
	infection control sta	andards were followed during	į	and to the Quality Mana	gement
	lhe dressing chang	e.	1	Committee at each sche	Remend
- (•	,	•	meeting. This process w	amea
- 1			i	continue until we have s	·1111
				echievement of 10004 S	sustained
	•	_		achievement of 100% fo	or three
İ				(3) consecutive months.	
		·		The Director of Nursing	
			-	responsible for complian	18
		1	. 1	Completion date is 2/29	100. MALC E
		1	· · · · · · · · · · · · · · · · · · ·	initiation of the audit	2016 IGT
	•	· · · · · · · · · · · · · · · · · · ·	. 1	initiation of the audit pro	ocess. 3-18-1
			·	· · · · · · · · · · · · · · · · · · ·	2-70-7
			.		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	• . !
- 1		• •		'	.